

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 476)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.	
1	1						61							
2							62							
3							63							
4							64							
5							65							
6							66							
7							67							
8							68							
9							69							
10							70							
11	1						71							
12							72							
13							73							
14							74							
15							75							
16							76							
17							77							
18							78							
19							79							
20							80							
21							81							
22							82							
23							83							
24							84							
25							85							
26							86							
27							87							
28							88							
29	1						89							
30							90							
31							91							
32							92							
33							93							
34							94							
35							95							
36							96							
37							97							
38							98							
39							99							
40							100							
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
TOTAL NO.	3						TOTAL NO.							
TOTAL DEF.	25						TOTAL DEF.							
TOTAL	38						TOTAL							